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TRANSMITTAL FORM

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Application Number	10/646,458
Filing Date	August 22, 2003
First Named Inventor	Kenneth COLLINS
Art Unit	1763
Examiner Name	Unknown
Attorney Docket Number	006915 P02

Total Number of Pages in This Submission 22

ENCLOSURES (Check all that apply)

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert M. Wallace Reg. No. 29,119
Signature	<i>Robert M. Wallace</i>
Date	09-29-2004

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT

Attorney Docket No.: 006915 P02
RW Ref. No.: APM/001-02-CP1-2



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Kenneth COLLINS, et al.

Serial No.: 10/646,458

Examiner: Unknown

Filed: August 22, 2003

Group Art Unit: 1763

For: PLASMA IMMERSION ION IMPLANTATION APPARATUS USING
A PLASMA SOURCE HAVING LOW DISSOCIATION AND LOW MINIMUM
PLASMA VOLTAGE

PRELIMINARY AMENDMENT TRANSMITTAL

Mail Stop Non-Fee Amendment
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S I R :

Transmitted herewith is a Preliminary Amendment in the above-identified application. The fee has been calculated as shown below.

	Claims remain- ing after amendment	Highest number previously paid for	Present extra	Rate	Additional Fee
Total Claims	89 minus	89 =	0	x \$18	\$000.00
Independent	1 minus	3 =	0	x \$86	\$000.00
If Multiple Dependent Claims Are Present, Add \$290.00					
(If applicant is a "small entity," subtract half of total)					\$000.00

Total additional fee
for this amendment \$000.00

☒ [X] No additional fee is required.

☐ [] A check in the amount of \$ is attached.

☒ [X] The Commissioner is hereby authorized to charge any additional fees or deficiencies or credit overpayment to Deposit Account No. 50-0338.

Respectfully submitted,

Dated: 09/29/2014



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